

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L44380** (8)

1. Corporation Name
DWIGHT A. MOODY, C.P.A., P.A.



Principal Place of Business
P.O. BOX 40905
1212 COURT STREET, STE B
ST. PETERSBURG FL 33743
US

Mailing Address
P.O. BOX 40905
1212 COURT STREET, STE B
ST. PETERSBURG FL 33743
US

3. Date Incorporated or Qualified **01/23/1990** 3a. Date of Last Report **04/18/1995**

2. Principal Place of Business
21 **3200 64th Street N.** 26 **3200 64th Street N**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State
23 **St Petersburg, FL** 28 **St Petersburg, FL**
Zip Country Zip Country
24 **33710** 25 29 **33710** 30

4. FEI Number **59-2984988** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
GASSMAN, ALAN S.
1245 COURT STREET
SUITE 102
CLEARWATER FL 34616

10. Name and Address of New Registered Agent
81 Name **Dwight Moody**
82 Street Address (P.O. Box Number is Not Acceptable)
3200 64th Street N
83
84 City **St Petersburg** FL 85 Zip Code **33710**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **4-29-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOODY, DWIGHT A.	12 NAME	
STREET ADDRESS	1566 70TH ST. NORTH	13 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	14 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	200001818082
CITY - ST - ZIP		44 CITY - ST - ZIP	-05/13/96--01026--023
TITLE	<input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	***200.00
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Dwight A Moody** DATE: **4-16-96** DAYTIME PHONE #: **813-345-3377**

CR2E034 (12/95)